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Symptom accommodation, trichotillomania-by-proxy, and interpersonal functioning in trichotillomania (hair-pulling disorder)

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Abstract

Objective: This study investigated relationship functioning in trichotillomania (TTM) as well as specific interpersonal behaviors that have received little attention in TTM research, including by-proxy pulling, symptom accommodation, and self-disclosure. The objective was to contribute data for future development of components of treatment that focus on interpersonal functioning.
Methods: Data were collected through survey about relationships and related difficulties among adults who endorsed criteria consistent with DSM-5 criteria for TTM (n = 670).
Results: Consistent with our hypotheses, TTM symptom severity was correlated negatively with relationship satisfaction and perceived social support, positively with perceived criticism, perceived risk in intimacy, and social interaction anxiety, though these correlations were small (absolute values r = .08 to .17). Approximately one-quarter of survey respondents had not told their closest friend about their trichotillomania, and one-fifth had not told their spouse or long-term romantic partner. TTM-by-proxy urges were reported by 54% of participants, and 37% of participants reported having actually pulled hair from other people, with the most common proxies specified as significant others (51%), parents (13%), friends (8%), siblings (8%), children (7%) and pets (5%). Higher levels of TTM-by-proxy urges were associated with "focused" pulling (d = .37) and perfectionistic thinking (d = .16 to .20), yet current by-proxy urges were not associated with, functional impairment. A small minority of individuals (7%) reported having asked other people to pull hair for them (78% of these requests were granted); there was increased endorsement of "focused" pulling among these individuals. The people who participants asked to pull hairs for them included significant others (66%), mothers (20%), siblings (11%), friends (9%) and one's children (9%).
Conclusion: More than one-third of respondents had pulled hair from others, 7% had asked others to pull their hair, and sizable minorities kept TTM secret from their closest friends or even spouse/partners. Clinical levels of social interaction anxiety were endorsed by 51% of the sample. Understanding these interpersonal experiences more fully could improve our understanding of relationship functioning in TTM and guide efforts to individualize treatment for adults with TTM.
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1. Introduction

Trichotillomania (hair-pulling disorder; TTM) is associated with significant distress and impaired psychosocial functioning in many domains, including social and intimate relationships, yet this area has not received much attention from treatment developers. For example, the treatment with the most empirically support for TTM [1], habit reversal training (HRT), does not directly address relationship difficulties. Knowing such specifics would be useful for further development of comprehensive TTM treatments aimed not only at symptom reduction but also reduction of functional impairment and improvement of relationships.

Previous studies of social interference in TTM have focused on social impairment and avoidance behaviors. Some of the relatively minor activities that have been commonly reported avoidances include swimming or haircuts (e.g., [2]). Diefenbach et al. [3] studied some of the more major avoidance behaviors, including role performance and social interaction, among 28 individuals. Approximately one-quarter to one-third of participants reported impairments in their social interactions such as dating, sex, and group social events throughout their lifetimes. One hundred percent of participants reported that keeping their hair pulling a secret was problematic during their lifetimes, and 93% endorsed its being problematic in the preceding week. Similarly, in a review of 67 charts of

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patients being seen for trichotillomania, Stemberger et al. [2] found that 35% avoided sexual intimacy. In a large Internet survey of 1697 individuals with self-reported symptoms of DSM-IV TTM (the Trichotillomania Impact Project (TIP); [4]), respondents endorsed on average moderate levels of interference with their social lives and abilities to maintain close relationships, 40% of respondents reported avoidance of social events and 36% reported avoidance of group activities. Wetterneck et al. [5] surveyed 36 individuals with TTM at a patient conference and 381 individuals in an Internet survey about the social and economic impact of their TTM and learned about a variety of interpersonal difficulties these individuals were experiencing. For instance, across both studies, 44%–56% of participants reported refraining from both intimate and close relationships due to their TTM, and more specifically, 72%–86% reported that the quality of their close friendships had been negatively affected and 81% reported that the quality of their intimate relationships had been affected.

These data help underscore the social costs of TTM and the need to address relationships and social impairment in treatment, which would have widespread public health and emotional impact for individuals seeking treatment for TTM and their loved ones. Psychological treatments for TTM are in need of further development, as relapse has been common in treatment studies [6]. To develop more effective treatments, the field could benefit from additional information on this crucial area of functioning, which has had little influence on treatment development. Whereas the survey measures used thus far serve to document the costs of TTM on social functioning, additional test development and survey studies are needed in order to capture specific behaviors associated with TTM that may influence this impact on functioning.

The current study extended prior research on interpersonal aspects of TTM in several ways. The first aim is to more fully characterize social functioning in TTM through examining issues in relationships at work or at home, including perceived criticism, perceiving risks in intimacy, disclosure about one's TTM, social interaction anxiety (anxiety related to social interactions such as at a social gathering), relationship satisfaction, and social support. To date, there is only very few and anecdotal data on these phenomena, though they have been studied in other obsessive–compulsive related disorders and anxiety disorders.

The second aim of this study was to examine some specific interpersonal behaviors suggested by previous research as potentially relevant: accommodation or prevention of TTM by significant others or family members, and trichotillomania-by-proxy. Family accommodation of OCD [7,8] refers to relatives' assisting patients with their avoidance and rituals through acts such as reassurance or aiding with rituals such as washing or cleaning. Boeding et al. [9] examined accommodation in romantic relationships as a predictor of response in the previously mentioned treatment study for OCD. At pre-treatment, 100% of the patients' partners reported that they engaged in at least some accommodation of the OCD, and more severe accommodation was associated with greater OCD severity, lower self-reported relationship satisfaction among the romantic partners, and ultimately, worse treatment outcome. Accommodation has yet to be studied in a TTM sample, and it could be a factor in the maintenance of hair pulling symptoms. In the first author's clinical work, patients have occasionally reported that they have asked others to pull hair for them so that they do not have to do it themselves when trying to resist. However, no systematic study of this phenomenon has been reported in the TTM literature. In the current study, it was hypothesized that greater symptom accommodation would be associated with greater TTM severity, and lower relationship satisfaction.

Conversely, significant others may get involved in pulling behavior not by accommodating it but rather by attempting to prevent it through reminders or assistance with coping strategies, but also reminders not to pull, encouragement of help-seeking, criticizing while in the act of hair pulling, etc., which may be helpful, or also may not always be seen as helpful by individuals with TTM. In the context of substance use, Krishnan et al. [10] referred to the types of behaviors such as reminding and criticizing from family members as "controlling–supportive coping" in which family members are seen as trying to persuade the substance user to give up the substances or seek treatment which could be unhelpful because it was seen as controlling rather than attempts to be helpful or supportive.

Another behavior that seems likely to interfere in relationships among people with TTM is trichotillomania-by-proxy (TTM-by-proxy), the act of pulling someone else's hair. It has previously been reported in a case series of two patients with TTM who were ashamed and distressed about pulling hair from their children [11], which suggests that this could be an aspect of trichotillomania that affects interpersonal functioning. TTM-by-proxy has also been reported in two studies, one of which reported 9% of individuals with TTM interviewed ($n = 68$) endorsed engaging in by-proxy pulling [12] and another was an Internet study in which 0.4% of 1697 adults with TTM ($n = 7$) reported by-proxy pulling [4]. TTM-by-proxy urges may be associated with some types of hair pullers' symptom profiles. For instance, many hair pullers have urges to pull hair in response to *sensory* (i.e., tactile or visual) triggers, such as a single gray hair on the scalp. Cognitive distortions can be triggers as well, such as *perfectionistic* beliefs, perhaps about removing an eyebrow that seems to be out of place (e.g., [13]). Urges to pull hair from other people could be due to these types of triggers, which is considered "focused" pulling, occurring in response to these types of triggers (or pulling in response to regulate negative emotions) and is goal-directed, with the puller searching for particular hairs to pull. It was hypothesized that TTM-by-proxy symptoms would be associated with a "focused" pulling style and perfectionistic thinking.